

## IRS Form 4506-C Instructions and Information

The Michigan Gaming Control Board (MGCB) is requesting an IRS Form 4506-C for an Account Transcript for the past four tax filing periods. The MGCB requires a 4506-C for all applicants, its respective owners and key principal officers. Each person and entity listed on the application will need to complete a separate 4506-C. Additional forms are available for download on our website: [www.michigan.gov/mgcb](http://www.michigan.gov/mgcb).

Please contact the Enterprise Licensing Section for assistance or questions: 313-456-1501 or [MGCB-Vendor@michigan.gov](mailto:MGCB-Vendor@michigan.gov)

**LINES 1a-4d:** Complete all items. Line 3 must match address listed on tax return. If you have a new, current address for Line 3, then your previous address **MUST** be listed on Line 4.

Form <b>4506-C</b> (October 2022)	Department of the Treasury - Internal Revenue Service <b>IVES Request for Transcript of Tax Return</b>	OMB Number 1545-1872																																																												
Do not sign this form unless all applicable lines have been completed. Request may be rejected if the form is incomplete or illegible. For more information about Form 4506-C, visit <a href="http://www.irs.gov">www.irs.gov</a> and search IVES.																																																														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3"><b>1a. Current name</b></td> <td colspan="3"><b>2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)</b></td> </tr> <tr> <td style="width: 33%; border-bottom: 1px solid black;">i. First name</td> <td style="width: 33%; border-bottom: 1px solid black;">ii. Middle initial</td> <td style="width: 33%; border-bottom: 1px solid black;">iii. Last name/BMF company name</td> <td style="width: 33%; border-bottom: 1px solid black;">i. Spouse's first name</td> <td style="width: 33%; border-bottom: 1px solid black;">ii. Middle initial</td> <td style="width: 33%; border-bottom: 1px solid black;">iii. Spouse's last name</td> </tr> <tr> <td colspan="3"><b>1b. First taxpayer identification number (see instructions)</b></td> <td colspan="3"><b>2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)</b></td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;"></td> <td colspan="3" style="border-bottom: 1px solid black;"></td> </tr> <tr> <td colspan="3"><b>1c. Previous name shown on the last return filed if different from line 1a</b></td> <td colspan="3"><b>2c. Spouse's previous name shown on the last return filed if different from line 2a</b></td> </tr> <tr> <td style="border-bottom: 1px solid black;">i. First name</td> <td style="border-bottom: 1px solid black;">ii. Middle initial</td> <td style="border-bottom: 1px solid black;">iii. Last name</td> <td style="border-bottom: 1px solid black;">i. First name</td> <td style="border-bottom: 1px solid black;">ii. Middle initial</td> <td style="border-bottom: 1px solid black;">iii. Last name</td> </tr> <tr> <td colspan="6"><b>3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)</b></td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">a. Street address (including apt., room, or suite no.)</td> <td style="border-bottom: 1px solid black;">b. City</td> <td style="border-bottom: 1px solid black;">c. State</td> <td colspan="2" style="border-bottom: 1px solid black;">d. ZIP code</td> </tr> <tr> <td colspan="6"><b>4. Previous address shown on the last return filed if different from line 3 (see instructions)</b></td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">a. Street address (including apt., room, or suite no.)</td> <td style="border-bottom: 1px solid black;">b. City</td> <td style="border-bottom: 1px solid black;">c. State</td> <td colspan="2" style="border-bottom: 1px solid black;">d. ZIP code</td> </tr> </table>			<b>1a. Current name</b>			<b>2a. Spouse's current name (if joint return and transcripts are requested for both taxpayers)</b>			i. First name	ii. Middle initial	iii. Last name/BMF company name	i. Spouse's first name	ii. Middle initial	iii. Spouse's last name	<b>1b. First taxpayer identification number (see instructions)</b>			<b>2b. Spouse's taxpayer identification number (if joint return and transcripts are requested for both taxpayers)</b>									<b>1c. Previous name shown on the last return filed if different from line 1a</b>			<b>2c. Spouse's previous name shown on the last return filed if different from line 2a</b>			i. First name	ii. Middle initial	iii. Last name	i. First name	ii. Middle initial	iii. Last name	<b>3. Current address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)</b>						a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code		<b>4. Previous address shown on the last return filed if different from line 3 (see instructions)</b>						a. Street address (including apt., room, or suite no.)		b. City	c. State	d. ZIP code	
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**Lines 5a-5d:** These lines are to be completed by the MGCB. Please do not fill out anything in this section.

<b>5a. IVES participant name, ID number, SOR mailbox ID, and address</b>						
i. IVES participant name Michigan Gaming Control Board		ii. IVES participant ID number 0000303657		iii. SOR mailbox ID		
iv. Street address (including apt., room, or suite no.) 3062 W. Grand Blvd., Suite L-700			v. City Detroit	vi. State MI	vii. ZIP code 48202	
5b. Customer file number (if applicable) (see instructions)			5c. Unique identifier (if applicable) (see instructions)			
5d. Client name, telephone number, and address (this field cannot be blank or not applicable (NA))						
i. Client name Michigan Gaming Control Board				ii. Telephone number 313-456-1501		
iii. Street address (including apt., room, or suite no.) 3062 W. Grand Blvd., Suite L-700			iv. City Detroit	v. State MI	vi. ZIP code 48202	

**LINES 6 & 6b:** Enter the tax form number filed with the IRS on line where it says **Transcript Requested**. 6b should be the only checked box.

**Line 7a and 7b can be disregarded.**

<b>Caution:</b> This tax transcript is being sent to the third party entered on Line 5a and/or 5d. Ensure that lines 5 through 8 are completed before signing. (see instructions)		
<b>6. Transcript requested.</b> Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request for line 6 transcripts		
a. Return Transcript <input type="checkbox"/>	b. Account Transcript <input checked="" type="checkbox"/>	c. Record of Account <input type="checkbox"/>
<b>7. Wage and income transcript (W-2, 1098-E, 1099-G, etc.)</b> <input type="checkbox"/>		
a. Enter a max of three form numbers here; if no entry is made, all forms will be sent.		
b. Mark the checkbox for taxpayer(s) requesting the wage and income transcripts. If no box is checked, transcripts will be provided for all listed taxpayers		
Line 1a <input type="checkbox"/>	Line 2a <input type="checkbox"/>	

**LINE 8:**

**Complete all items.**  
*Enter the year end date for all 4 years*

8. Year or period requested. Enter the ending date of the tax year or period using the mm dd yyyy format (see instructions)

/	/		/	/		/	/		/	/	
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**SIGNATURE:**

*NOTE: Check box for signatory attestation is required.*

***E-Signature will NOT be accepted.*** All items are required in this section except spouse's signature.

**Caution:** Do not sign this form unless all applicable lines have been completed.

**Signature of taxpayer(s).** I declare that I am either the taxpayer whose name is shown on line 1a or, if applicable, line 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign; however, if both spouses' names and TINs are listed in lines 1a-1b and 2a-2b, both spouses must sign the request. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-C on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

Signatory attests that he/she has read the above attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-C. See instructions.

<b>Signature for Line 1a</b> (see instructions)	Date	Phone number of taxpayer on line 1a or 2a
<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative	<input type="checkbox"/> Signatory confirms document was electronically signed	
Print/Type name		
<b>Sign Here</b> Title (if line 1a above is a corporation, partnership, estate, or trust)		
Spouse's signature (required if listed on Line 2a)		Date
<input type="checkbox"/> Form 4506-C was signed by an Authorized Representative	<input type="checkbox"/> Signatory confirms document was electronically signed	
Print/Type name		

Catalog Number 72627P [www.irs.gov](http://www.irs.gov) Form **4506-C** (Rev. 10-2022)  
For Privacy Act and Paperwork Reduction Act Notice, see page 2.

**NOTE: The TITLE "President" is required when requesting 1120 account transcripts.**

**The TITLE "Partner" is required when requesting 1065 account transcripts.**